



### **Financial Assistance Program Documentation Requirements**

Along with the completed application for Financial Assistance, please provide copies of income documentation for each household family member for the most recent three (3) months period to verify household income that must be presented:

1. Pay stubs for the last four (4) weeks
2. Bank statements-most current month end statement for all types of accounts to include checking/savings/IRA, etc.
3. Proof of child support paid/received
4. Investment Income, Rental Income, Retirement Income
5. Most recent Tax return or IRS W-2 statement
6. Verification of Social Security, Food stamps. AFDC received
7. Workers Compensation statement
8. Unemployment statement verifying amount received
9. If unemployed, two (2) letters notarized verifying your employment status and current residence
10. Copies of all monthly expenses (Light ,Rent/Mortgage ,Water, Car, Phone and Car Insurance)
11. Proof of residency
12. Copy of picture ID

**If self-employed, please provide a current profit and loss statement**

**PATIENT NAME:** \_\_\_\_\_

**ACCOUNT NUMBER:** \_\_\_\_\_

**DATE OF SERVICE:** \_\_\_\_\_

**DATE OF REQUEST:** \_\_\_\_\_

Return the above documentation to:  
Memorial Hospital and manor  
Attention: Financial Counselor  
Financial Counselor email: IeshaA@mh-m.org  
1500 East Shotwell St.  
Bainbridge, Georgia 39819

Should you have any questions, please contact the Financial Counselor, 229-246-3500 EXT. 439. Failure to complete the application or provide the required documentation may result in DENIAL of your request.